

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64749

Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Minnie May Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 1

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 30 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Williams(9) PRESENT POSTOFFICE OF FATHER Brimson R.D.(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Attie Williams(15) PRESENT POSTOFFICE OF MOTHER Brimson R.D.(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Hampton Co(19) OCCUPATION Household work

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Josephine Baker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/30 1915

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.